

TRANSMITTAL FORM

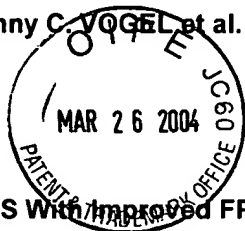
Attorney Docket No.
00212/3048P2664 #4
#4In re the application: **Danny C. VOGEL et al.**Confirmation No.: **7471**Serial No: **09/624,816**Group Art Unit: **2664**Filed: **July 25, 2000**Examiner: **Shew, John**

RECEIVED

MAR 30 2004

For: **Framed Packet BUS With Improved FPB Protocol**

Technology Center 2600



ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input checked="" type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input checked="" type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer	- 3.73 Certificate	
<input type="checkbox"/>	Certified Copy of Priority Doc	<input checked="" type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input checked="" type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for one month(s), from March 18, 2004 to April 18, 2004.			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	46	37	0	\$18.00	\$ 0.00
Independent Claims	11	3	8	\$86.00	\$688.00
				Total Fees	\$688.00

METHOD OF PAYMENT

<input checked="" type="checkbox"/>	Check no. 7208 in the amount of \$110.00 is enclosed for payment of extension fees.
<input checked="" type="checkbox"/>	Charge \$688.00 to Deposit Account No. 12-2252 (LSI Logic Corporation) for payment of claim fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 12-2252 (LSI Logic Corporation).

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Stephen G. Sullivan, Reg. No. 38,329		
Signature		03/29/2004 SSESHE1 00000001 09624816	01 FC:1251 110.00 np
Date	March 22, 2004		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: **March 22, 2004**

Type or printed name Jinny Nguyen

Signature